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UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Turkey
Support for a population programme

Proposed UNFPA assistance:	$7 million, of which $6 million would be programmed from UNFPA regular resources. UNFPA would seek to provide the balance of $1 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available.
Estimated value of the Government's contribution:	$30 million
Duration:	5 years
Estimated starting date:	January 1995
Executing agencies:	Government of Turkey United Nations and United Nations agencies and organizations National and international non-governmental organizations (NGOs)
Government coordinating agency:	Ministry of Foreign Affairs State Planning Organization

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Turkey

Demographic facts

Population (000)		Average annual change (000)	
Total	61,945	Population increase	1161
Males	31,690	Births	1596
Females	30,255	Deaths	435
Sex ratio (/100 females)	104.7	Net migration	0
Urban	42,598	Annual population total (% growth)	1.79
Rural	19,347	Urban	3.48
Per cent urban	74.8	Rural	-2.53
Population in year 2000 (000)	67,746	Crude birth rate (/1000)	24.6
Functional age groups (%)		Crude death rate (/1000)	6.7
Young child: 0-4	12.1	Net migration rate (/1000)	0.0
Child: 5-14	21.8	Total fertility rate (/woman)	3.04
Youth: 15-24	18.8	Contraceptive prevalence rate (% 15-44)	51
Elderly: 60+	7.9	Gross reproduction rate (/woman)	1.48
65+	5.0	Net reproduction rate (/woman)	1.38
Percentage of women aged 15-49	51.0	Infant mortality rate (/1000)	52
Median age (years)	23.6	Maternal mortality rate (/100,000)	--
Dependency ratios: total	63.7	Life expectancy at birth (years)	
(/100) Aged 0-14	55.5	Males	66.5
Aged 65+	8.2	Females	70.7
Agricultural population density (/hectare of arable land)	0.9	Both sexes	68.5
Population density (/sq. km.)	79	GNP per capita (U.S. dollars, 1992)	1,980

Sources: Population density on arable land is derived from The State of Food and Agriculture 1991 issued by the Food and Agriculture Organization of the United Nations; gross national product per capita: World Bank, World Development Report 1994. Figures for population, total population by sex, population by age group, age indicators, urban-rural population, and population density (/sq. km.) refer to the year 1995; figures for average annual change, rate of annual change, and fertility and mortality are the five-year averages for 1990-1995. These data are from the Population Division, Department of Economic and Social Information and Policy Analysis of the United Nations, World Population Prospects: The 1994 Revision. Figures for urban-rural average annual change are from World Urbanization Prospects: The 1994 Revision and are five-year averages for 1990-1995. Figures for maternal mortality are for 1980-1990; figures for contraceptive prevalence rates are for currently married women aged 15-44. Both are from table 5 of World's Women: Trends and Statistics, 1970-1990, New York, United Nations, 1991 (ST/ESA/STAT/SER.K.8). Two dots (..) indicate that data are not available.

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I. SUMMARY

1. The United Nations Population Fund (UNFPA) proposes to support a programme of assistance in the amount of $7 million, of which $6 million would be programmed from UNFPA's regular resources, over a five-year period starting January 1995, to assist the Government of Turkey in achieving its population and development objectives. UNFPA would seek to provide the balance of $1 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available. The beginning of the proposed programme, the second UNFPA-funded country programme in Turkey, would be synchronized with the start of the fifth UNDP country programme in Turkey. It had been planned that the programme would also coincide with the seventh Five-Year National Development Plan, but in September 1994 the Government decided to delay the beginning of the new plan until 1996 and to extend the ongoing plan through 1995.

2. The proposed programme is based on the population policies of Turkey and the findings and recommendations of the Programme Review and Strategy Development (PRSD) mission that visited the country in May/June 1994. It takes into account the extent of external assistance that is likely to be forthcoming from other donors such as the United States Agency for International Development (USAID). Extensive discussions took place with representatives of different government institutions involved in planning priorities and strategies in the field of population, as well as with NGOs active in population activities. The proposed programme has been designed to fit within the Government's overall population policies and its priorities as set forth in the Country Strategy Note and in the national report submitted to the International Conference on Population and Development (ICPD). It is thus intended to complement and supplement the Government's population activities.

3. The overall objective of the proposed programme is to assist the Turkish Government in achieving a population structure and rate of increase that are compatible with its targets of social development and sustained economic growth. The programme would provide assistance to: (a) extend the access to quality reproductive health and family planning (RH/FP) services to underserved peri-urban and rural populations; (b) improve the management and evaluation of reproductive health-care programmes; and (c) promote and improve policy-oriented research and information, education and communication (IEC) activities related to reproductive health.

4. Turkey is at a crucial stage in its demographic history. Overall population growth rates have been declining, and the rate is expected to reach replacement level by the year 2005. However, this overall trend hides a great deal of variation. Regionally, both fertility and mortality rates are much higher in the less-developed east and south-eastern parts of the country. Socially, higher levels of these two indicators are also experienced in the fast-growing areas around the major cities, which are fueled by a high degree of internal migration and are characterized by marginal living standards. The proposed UNFPA programme would therefore concentrate its activities in these two areas.

5. There appears to be a large, unmet need for modern contraception in Turkey. This is indicated by the rising number of legal abortions and by surveys that show that a large number of couples wish to limit the size of their families. While knowledge of modern contraceptive methods is almost universal, only 35 per cent of married women of reproductive age rely on modern methods; the rest do without

contraception or use traditional methods. One of the main goals of the proposed programme therefore is to use IEC campaigns to increase the number of couples who rely on modern, safe and effective contraception. During the period of the proposed programme, Turkey is expected to phase out international assistance in meeting its needs for the supply of contraceptives, and the proposed programme is designed to aid in that transition.

II. BACKGROUND

6. Demographic trends. According to the 1993 Turkish Demographic and Health Survey,[1] the total population of Turkey was estimated at 60.6 million in mid-1994, up from 56.4 million in 1990. The annual population growth rate is estimated at an average of 1.8 per cent during the period 1990-1995 and has been declining. The total fertility rate is estimated at 2.7 births per woman and is expected to reach replacement level in the year 2005. However, the population is projected to grow until well into the next century, reaching 88 million in the year 2025, as a result of the momentum created by previous higher fertility levels and the gradual decline of mortality. The age structure of the population, although still relatively young, is gradually shifting towards middle and older ages. In 1990, about 41 per cent of the population lived in the Marmara, Aegean and Mediterranean regions, and this proportion is increasing, while other parts of the country, such as the Black Sea region, the east and the south-east, are showing a decline in their share of the population.

7. The urbanization process significantly accelerated during the 1980s, which increased the demographic imbalance between the regions. Well over 60 per cent of the population presently live in urban areas, and this is expected to reach 75 per cent in the year 2000. The high urbanization rate, currently increasing at 3.48 per cent a year, has been accompanied by the establishment of "gecekondu", peri-urban squatter areas, around the major cities. The explosive growth of the large cities is a major challenge for municipalities as well as for the central Government.

8. Turkey's infant mortality rate is still relatively high at 53 per 1,000 live births and is inconsistent with the overall demographic and socio-economic situation of the country. The Programme of Action adopted at the International Conference on Population and Development calls for a one-third decrease in infant mortality by the year 2000, which would imply a level of 35 per 1,000 live births in the case of Turkey. No recent figures on maternal mortality exist, but the Turkish Demographic Survey of 1989 estimated 132 maternal deaths per 100,000 live births in 1981. The Programme of Action calls for a 50 per cent reduction in maternal mortality by the year 2000 from the level in 1990.

9. Social, health and economic indicators. The Government estimates the per capita gross national product (GNP) at $2,883 in 1993. After rapid economic growth in the 1980s, the country is now experiencing economic difficulties. Inflation and unemployment are high, and the Government drastically cut public spending through austerity measures that were introduced in April 1994.

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[1] The demographic and health data provided in the background section of this report are from the 1993 Turkish Demographic and Health Survey unless otherwise noted. These data may differ from the United Nations data given in the demographic fact sheet on page 2 of this report.

10. In spite of a solid legal foundation for the equality of the sexes, women still lag behind men in literacy, education, and employment. The enrolment rate for girls, according to the Ministry of Education, is 100 per cent at the primary-school level (age 7-11), but drops to 51.8 per cent at the secondary-school level (age 12-14), 36.6 per cent at the high-school level (age 15-18) and 17 per cent at the university level (age 18-21). Average schooling is significantly higher for males (7.1 years) than for females (4.0 years). Over 70 per cent of the women who are economically active work in the agricultural sector. Of the women in urban areas, only 16 per cent have a paid job.

11. The Turkish health-care system is heavily weighted towards curative care. Based on the distribution of hospital beds, the Ministry of Health provides health services for about 52 per cent of the population; the Social Security Organization of the Ministry of Labour serves 16 per cent of the population; university hospitals, 13 per cent; and the Ministry of Defense, 11 per cent. Apart from hospitals, the Ministry of Health network consists of health houses, health centres, and maternal and child health and family planning (MCH/FP) centres in urban areas. The Social Security Organization has recently started to provide family planning services in its clinics. About 55 per cent of family planning services are provided by the public sector.

12. Family planning rests on a strong legal basis in Turkey. New contraceptive methods (injectables and implants) were approved for distribution and use in 1993. Currently, 63 per cent of married women of reproductive age use either a modern or traditional contraceptive method. Some 35 per cent of married women of reproductive age (or 56 per cent of all contraceptive users) use modern methods, while 28 per cent rely on traditional methods, particularly withdrawal (26 per cent). The intra-uterine device (IUD) is the most popular modern method (19 per cent of married women of reproductive age), followed by condoms (7 per cent) and oral contraceptives (5 per cent). Knowledge of the existence of modern contraception is almost universal. Surveys indicate that two-thirds of married women do not want any additional children. Abortion is legal in Turkey up to 10 weeks of pregnancy, and it is estimated that at least a quarter of all pregnancies are interrupted.

13. There are large disparities in the socio-economic development of different regions of Turkey. The highest rate of mortality (infant mortality at 60.0 per 1,000 live births) and fertility (4.4 births per woman) and the lowest contraceptive prevalence (42 per cent of married women of reproductive age, of which less than two-thirds use modern methods) are found in the eastern region, which is the least socially and economically developed part of the country. Although few disaggregated demographic data are available, it is believed that the socio-economic situation of the population of the marginal gecekondu is worse than the national average.

14. Institutional arrangements. Integrating population issues and variables into the country's five-year national development plans is the responsibility of the State Planning Organization. Currently, various elements of the population policy are sector-driven and implicitly integrated within socio-economic development plans. By law, the Ministry of Health is responsible for the implementation, coordination and monitoring of population activities, which are considered to be synonymous with family planning. The General Directorate of MCH/FP of the Ministry of Health is in charge of establishing norms and coordinating services. The Population Planning Advisory Board is chaired by the Minister of Health and serves as a forum for the exchange of information. The overall responsibility for the coordination of

technical assistance lies with the Ministry of Foreign Affairs and the State Planning Organization. As part of the effort to fully integrate women into all phases of the development process, a State Ministry for Women's Affairs and Social Services was established in 1991.

III. LESSONS LEARNED

15 UNFPA has supported population activities in Turkey since 1974. Initially, this assistance was provided on a project-by-project basis. The first comprehensive country programme of UNFPA assistance to Turkey was approved in 1988 in the amount of $5 million for the period 1988-1992. This programme was extended through 1994 in order to synchronize the proposed second programme with UNDP's programme cycle.

16. The long-term objective of the first country programme was to contribute to the Government's goal of balancing the population growth rate with the rate of economic and social development. The focus was on MCH/FP and on related IEC activities. The immediate objectives were: (a) to improve the quality of family planning services by increasing the number of trained personnel, upgrading equipment and providing supplies; (b) to increase the number of informed and motivated family planning acceptors from 18 to 25 per cent; (c) to contribute to the increased participation of women in the development process; and (d) to increase the country's institutional capacity to undertake population policy research and analysis. Considerable progress has been made in all of these areas since 1988 although delineating the exact contribution of UNFPA's programme is difficult.

17. In fact, the pace of implementation of the programme was slow, especially in the beginning. Actual implementation of the first approved project only started towards the end of 1989. It was only after the programme was extended for two years that the total approved amount was programmed. The main reasons for the low implementation rate (an average of 53 per cent per year) were: (a) the broad geographic range of project activities, which, in combination with inclement weather and security constraints, complicated the supervision of activities; (b) the reliance on one main national counterpart organization, the General Directorate of MCH/FP in the Ministry of Health; (c) the high turnover rate of staff, at all levels, in the Ministry of Health; and (d) unforeseen circumstances, such as the mobilization of the health sector for emergency service during the war in the Persian Gulf and the consequent influx of refugees from neighbouring countries.

18. UNFPA assistance in the area of MCH/FP was concentrated mainly in the provinces identified by the Government as being first and second priorities. The past programme also included provision of services to specific target groups such as migrant workers, agricultural workers and rural migrants settling in peri-urban areas. Sensitization of governors, district commissioners and religious leaders was key to the successful implementation of the activities. Since it has proven difficult for the health-care system to keep up with rapid urbanization and to adequately cover the marginal peri-urban areas that ring the major cities, UNFPA recently extended its support to these areas as well. An innovative approach is being followed whereby the Ministry of Health closely cooperates with NGOs for the implementation of community-based programmes in peri-urban areas of two metropolises.

19. The in-service training capacity of the General Directorate of MCH/FP was strengthened under the programme. Core training teams were established to train provincial training teams, which, in turn, trained the service providers in centres equipped by UNFPA. This approach, which was established and institutionalized through the UNFPA country programme, now serves as a model for training programmes in the second health project financed by a World Bank loan. The training goals under the first country programme have been significantly exceeded.

20. The only IEC project that had been approved during the first programme period was an intersectoral initiative in support of the family planning programme involving line ministries, broadcasting agencies and NGOs. As a part of project activities, the Population Planning Advisory Board, which had been inactive since the time it was established in 1983, was revitalized. Through cooperation with the Japan International Cooperation Agency (JICA), promotional television spots and short films were produced. A source book on population issues, a guidebook for service providers, a flip chart and other training materials were also created, some of which were requested by WHO for use in Albania. The implementation of this project was hampered by its geographic spread as well as by weather and security factors. One of the lessons learned is that the service providers trained in interpersonal communication and counselling skills should be closely monitored to see how they make use of their training.

21. The programme provided assistance for a study of the factors affecting population policies. The results of the study were presented at a successful workshop addressed by the President of the Republic. This study was an important step towards sensitizing politicians and decision makers about population issues and their interrelationships with other development factors. The programme also supported a demographic survey of ethnic Turks from Bulgaria and a training programme on economic demography for an official from the State Planning Organization.

Other external assistance

22. UNICEF's programme for the period 1991-1995 covers the areas of primary health care, basic education, maternal and child health in priority provinces and primary health-care services for children in peri-urban gecekondu areas. UNICEF supports a Safe Motherhood project, implemented by the General Directorate of MCH/FP, that includes four provinces not covered by the UNFPA-supported programme.

23. The main external donor in the area of family planning is USAID, which provides assistance, through nine cooperating agencies, to the Government, NGOs and the private sector. Currently, USAID supplies 85-90 per cent of the contraceptives required by the public sector, providing an average of $1.5 million a year over the last five years for this purpose. USAID plans to phase out its assistance for contraceptive supplies by 1998. USAID was also the main supporter of the demographic and health survey that the Government carried out in 1993.

24. The European Union has provided limited support for family planning activities carried out by NGOs since 1992. JICA financed the establishment of a state-of-the-art media communications centre in 1988 for the production of population education materials. Short television films and announcements dealing with male involvement in family planning were financed by UNFPA and produced by this centre.

Two additional JICA-supported media communications centres are expected to become operational in the near future.

IV. PROPOSED PROGRAMME 1995-1999

25. The proposed country programme aims to assist the Turkish Government in developing the national capacity to carry out the country's population policies and priorities and to achieve sustainable development. The overall goal of the programme is to improve the reproductive health of the Turkish people and to reduce maternal and child mortality through an expansion of reproductive health care and family planning services to underserved populations in peri-urban settlements and in rural priority areas in the east and south-east of the country. The programme also aims to improve the management and evaluation of reproductive health-care programmes and to improve policy-oriented research and IEC activities related to reproductive health. The programme seeks to convert the existing, almost universal, awareness of modern contraceptive methods into motivation to use them. It would also promote the fullest possible access to and use and dissemination of existing policy-oriented research data as well as the collection of data about areas and populations on which data are incomplete. NGOs will be encouraged to be involved in all stages of programme development and implementation so as to maximize coordination and cooperation between government agencies and non-governmental organizations.

26. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the Programme of Action of the International Conference on Population and Development (ICPD) which was endorsed by the General Assembly through its resolution 49/128; that is, that human beings are at the centre of concerns for sustainable development (principle 2 of the Programme of Action); that population-related goals and policies are integral parts of cultural, economic and social development, the principal aim of which is to improve the quality of the life of all people (principle 5); that advancing gender equality and equity and the empowerment of women, and the elimination of all kinds of violence against women, and ensuring women's ability to control their own fertility, are cornerstones of population and development-related programmes (principle 4); that all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so (principle 8); that reproductive health-care programmes should provide the widest range of services without any form of coercion (principle 8); and that the principle of informed free choice is essential to the long-term success of family-planning programmes; that any form of coercion has no part to play; that governmental goals for family planning should be defined in terms of unmet needs for information and services; and that demographic goals, while legitimately the subject of government development strategies, should not be imposed on family-planning providers in the form of targets or quotas for the recruitment of clients (chap. VII, para. 12 of the Programme of Action).

Reproductive health and family planning

27. The focus of the proposed programme is on reproductive health and related IEC activities. A principal aim of the activities in this area would be to translate the near-universal awareness of contraceptive methods into greater use of such methods. This would require, among other things, conducting pertinent sociocultural research, expanding the mix of contraceptive methods, strengthening

training of service providers in counselling techniques, and developing innovative approaches to reproductive health service delivery, in particular by making use of the outreach capabilities of NGOs at the community level.

28. At this point in the development of Turkey's reproductive health-care services, the improvement of the quality of care should be a priority, especially in underserved peri-urban settlements and in priority provinces in the eastern and south-eastern part of the country. Care will be taken not to spread activities and resources over too broad a geographic area.

29. The Government's national health policy aims, by the year 2000: (a) to reduce infant mortality by one-third, and maternal mortality by half; (b) to ensure that all deliveries are carried out under safe conditions; (c) to increase the use of modern contraceptive methods to 70 per cent of couples who use contraception from the current level of 56 per cent; and (d) to decrease by 75 per cent current disparities among regions in the provision of health services and in health indicators. The programme implications of these goals have not been specified, but the National Plan of Action on Women's Health, Safe Motherhood and Family Planning, which is currently being prepared, is expected to clarify how these goals can be achieved. The proposed programme of assistance aims to assist the Government in its efforts to define and achieve the targets set in the national health policy.

30. In view of the high proportion of couples who do not wish to have additional children, the programme would aim to add new methods of contraception to those currently available as a way of increasing reliance on modern, effective methods. Special attention would be given to the introduction of implants and injectables. Attention would also be given to improving the integration of reproductive health concerns other than family planning into the services provided, such as counselling on and diagnosis and treatment of sexually transmitted diseases (STDs) including HIV/AIDS. The programme would support operational research on ways of improving the access that people have to reproductive health-care services and of encouraging their use.

31. The programme management capacity at the central level of the Ministry of Health and at the provincial level would be strengthened through training seminars and workshops. The continued need to train service providers in order to improve the quality of reproductive health care would be at the core of the proposed programme. This would include efforts to upgrade health facilities to include RH/FP services and to improve the quality of prenatal and post-natal care, as well as of deliveries. Special attention would be given to such important areas as breastfeeding, infant and women's health care, prevention and appropriate treatment of infertility, and counselling for post-partum and post-abortion contraception.

32. The programme would support initiatives taken by the Ministry of Health, including its efforts to train reproductive health service providers; reduce the rate of turnover of health personnel, especially at the local level; and mitigate the consequences of such turnover, which is a major impediment to the continuity and quality of reproductive health and family planning services.

33. In order to improve the coordination of reproductive health activities, as well as of closely associated activities in other sectors, the programme would contribute to the strengthening of the Population Planning Advisory Board. UNFPA would support NGOs in developing innovative approaches

to reproductive health service delivery and to IEC activities in support of such services; in strengthening their capacity to manage RH/FP activities; and in encouraging collaboration between NGOs and the General Directorate of MCH/FP through joint programmes. The proposed programme would also promote and support outreach activities from fixed service-delivery points, building on the experiences being gained through different models for community-based distribution. The programme would also support NGOs in providing information, education and counselling to adolescents on human sexuality, reproductive health and responsible parenthood.

34. Under the proposed programme, UNFPA would provide a total of $3.6 million for activities in the area of reproductive health including family planning. Of this amount, $400,000 would be sought from other sources, including multi-bilateral sources.

Information, education and communication

35. The proposed programme includes support for the General Directorate of MCH/FP to develop, publish and disseminate IEC materials, for use by both providers and users, on specific contraceptive methods, as well as to produce research-based and client-oriented television spots and other media activities that respond to the family planning information needs of various audiences. As a matter of priority, UNFPA assistance would focus on reproducing existing IEC materials and disseminating them throughout the reproductive health-care system. Special attention would also be given to developing counselling programmes and providing services addressed to men to enable them to share responsibilities in family planning and to understand their role in preventing sexually transmitted diseases. A primary aim of these efforts would be to expand the use modern contraception. The programme would make use of the outreach capabilities of NGOs to implement these activities.

36. UNFPA would provide assistance to the Ministry of Education to develop an integrated approach to reproductive health education for youth in both the formal and non-formal sectors, as well as to produce the required materials.

37. UNFPA proposes to provide $1,850,000 to this sector, of which $500,000 would be sought from other sources, including multi-bilateral sources.

Data collection and analysis

38. The proposed programme would promote the fullest possible access to and dissemination and use of existing data in all its activities. It would support policy-oriented research and in-depth demographic analyses on such issues as the determinants and consequences of fertility and mortality as well as the effects of rapid urbanization on socio-economic variables and regional disparities, with specific attention to fast-growing peri-urban settlements. UNFPA would also provide assistance to help the country strengthen its capacity to analyse demographic data and to conduct demographic research. In addition, the programme would seek to strengthen training institutions, such as the Hacetepe Institute for Population Studies, in the areas of demographic training and population studies. Specifically, the programme would support the introduction at such institutions of short, "custom-tailored" training courses that are designed for staff from the sectoral ministries and the State Planning Organization in order to

enhance their capacity to integrate population data into development planning and to implement population and development programmes. UNFPA would provide a total of $450,000 for activities in the field of data collection and analysis, of which $100,000 would be sought from other sources, including multi-bilateral sources.

Population policy formulation

39. The proposed programme would support ongoing activities related to the development of a National Population Plan of Action. This activity would be linked with the activities designed to build awareness of population issues and to strengthen the commitment among the country's political leadership to address such issues. The proposed programme would provide support to establish a referral and documentation unit on such interrelated topics as reproductive health care; women, population and development; and population and the environment. The primary function of this unit would be to keep parliamentarians and other policy makers informed on these issues through the dissemination of technical papers, population policy documents and other materials. The unit would work closely with NGOs active in this area. UNFPA would provide a total of $100,000 for activities in the area of population policy formulation.

Women, population and development

40. The proposed programme would seek to strengthen different organizations and NGOs dealing with women's issues and gender concerns in Turkey. This would include support for research activities related to the role and status of women to be carried out by various universities, other training institutions and women's NGOs. The programme would also complement the activities undertaken by UNDP in the area of women-in-development by integrating a population dimension into these activities and by supporting policy- and action-oriented research on such issues as the changing role of women in the family and in society, and how this changing role affects levels of fertility, incidence of teenage pregnancy, the legal position and reproductive rights of women, and employment opportunities for women. Such research would also examine the effects of migration and urbanization on the situation of women. Reproductive health and family planning activities would be undertaken in the context of initiatives designed to raise the educational level and economic position of women. The Fund would therefore support activities that promote increased enrolment of girls and women at every educational level, including support to the State Ministry for Women's Affairs and Social Services. UNFPA would provide $500,000 for women, population and development activities.

Contraceptive requirements

41. The total contraceptive requirements for Turkey amounted to $8.9 million in 1993 and are projected to increase to an annual amount of $10.7 million by the year 2000. The Ministry of Health's service delivery network is estimated to require $2 million worth of contraceptives in 1995 and $2.3 million in 1996. The estimates for the clinics run by the Social Security Organization for the same years are $285,000 and $364,000, respectively.

42. The announced intention of USAID to phase out its assistance for contraceptives may limit the range and scope of available contraceptives if the Government is not able to secure other arrangements. During the phase-out period, USAID is expected to provide training and technical assistance to build capacity within the Ministry of Health to independently forecast and procure its supply needs, and to test the quality of contraceptives. The proposed UNFPA programme would also support training in these areas. In addition, the programme would support the initiatives that are being taken, with World Bank support, to develop an effective management information system. UNFPA would coordinate its activities in this area with those of USAID and the World Bank to ensure that training and other activities complement one another.

Programme monitoring, evaluation and management

43. The Government of Turkey would be the main implementing agency for the UNFPA-supported programme. In the Ministry of Health, the General Directorate of MCH/FP would be the main counterpart organization for programme implementation. The programme would enhance the capacity of the General Directorate of MCH/FP through training programmes in programme management and in monitoring and evaluation. It would also support the efforts of other agencies and organizations to improve the Directorate's management information system. Training programmes would be initiated for staff of other line ministries to increase their capacity to implement programme activities and to carry out monitoring and evaluation activities. The Fund would also work to enhance the capacity and effectiveness of national NGOs by strengthening their administrative structures and by providing technical support.

44. The monitoring and evaluation of the programme would take place in accordance with standard UNFPA guidelines. Special attention would be given to the inclusion of both quantitative and qualitative monitoring indicators during the formulation stage of programme activities. A mid-term review of the programme would take place in 1997.

45. In accordance with the recommendations of the Joint Consultative Group on Policy (JCGP), the second UNFPA-assisted country programme would be harmonized with UNDP's country programme cycle. UNFPA would ensure that the activities developed under this programme are in line with the Country Strategy Note and that it is closely coordinated, and where possible jointly financed, with other donors, particularly the JCGP partners, the World Bank, USAID and cooperating NGOs. UNFPA assistance would be provided, wherever possible, within the framework of a coordinated programme approach.

46. Within the Government, the Ministry of Foreign Affairs has the overall responsibility for coordinating international technical cooperation. The State Planning Organization is the programme planning counterpart of the United Nations system and thus would be responsible for the coordination and monitoring of the activities supported under the proposed programme. In accordance with the new monitoring principles contained in the Country Strategy Note, coordination meetings, chaired jointly by the State Planning Organization and the Ministry of Foreign Affairs, would be held annually to ensure effective coordination of technical cooperation programmes.

Programme reserve

47. An amount of $500,000 would be held in reserve for any unforeseen activities that may be developed within the framework of the proposed programme and in particular to provide assistance to NGOs participating in the implementation of the programme.

Financial summary

48. As indicated in paragraph 1, UNFPA proposes to support a programme of $7 million over the five-year period 1995-1999, of which $6 million would be programmed from UNFPA regular resources. UNFPA would seek to provide the balance of $1 million from a combination of UNFPA's regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available. The following table shows how the programme areas would accommodate the proposed funding.

	UNFPA regular resources $	Other resources $	Total $
Reproductive health and family planning	3,200,000	400,000	3,600,000
Information, education and communication	1,350,000	500,000	1,850,000
Data collection and analysis	350,000	100,000	450,000
Population policy formulation	100,000	--	100,000
Women, population and development	500,000	--	500,000
Programme reserve	500,000	--	500,000
Total	6,000,000	1,000,000	7,000,000

V. RECOMMENDATION

49. The Executive Director recommends that the Executive Board approve the programme for Turkey as presented, subject to the availability of resources, and authorize the Executive Director to make the necessary arrangements for its management, funding and execution.

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